



PART B - FEE(S) TRANSMITTAL

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7590

03/12/2004

Robert K. Tendler  
65 Atlantic Avenue  
Boston, MA 02110

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Robert K. Tendler (Depositor's name)  
*[Signature]* (Signature)  
April 16, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/808,597	03/13/2001	Carolyn W. Hall	HALL-101	4573

TITLE OF INVENTION: METHOD AND APPARATUS FOR BEHAVIORALLY REINFORCED TRAINING WITH GUIDED PRACTICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHRISTMAN, KATHLEEN M	3713	434-236000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert K. Tendler

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ Advance Order - # of Copies 10

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04/21/2004 FHETEK12 00000046 09808597

01 FC:2501  
02 FC:1504  
03 FC:8001

665.00 OP  
300.00 OP  
30.00 OP

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